Commonwealth of Massachusetts Human Resources Division 2008 Fire Promotional Exams for Lieutenant and Captain Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant. Attach additional sheets if necessary. The applicant should bring this form, completed with the necessary information and an original signature from the Appointing Authority (or his/her designee) to the exam site on the day of the promotional exam, November 22, 2008. If the applicant chooses to mail the completed form with original signature to HRD, the form must be postmarked no later than 7 calendar days after the exam, or November 29, 2008. **Applicants who are claiming the 25-Year Promotional Preference:** This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of November 22, 2008 will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter after certification may be applied toward one's eligibility for this preference. Please be thorough in completing this form.

Name of Applicant: Verifying Department:		Social Securi	ity #:
		Exam Title:	Annc. #:
I.	PERMANENT SERVICE		
		ntment:	Title:
ist Da	ates and Reasons for any breaks	in service:	
I. ict De	PROMOTIONS WITHIN DI ates of Promotions and Rank:	EPARTMENT	
nst D	Rank:	Date of Promotion:	
	Aum.		
II DI			
	RIENCE IN THE DEPARTM		EMPORARY SERVICE OR OTHER
	t Service from November 22, 2		
1) 113	•		·
	Rank:	Total # of Shifts/Hrs: (Within specified Service Timeframe.	<u>Dates of Service Timeframe:</u> (From – To)
		If full-time, enter "FT". If part-time,	(Hom 10)
	(Francis Townson Contain	include the word "Shifts" or "Hrs".)	2/1/09 11/22/2009\
	(Example: Temporary Captain	n FT	2/1/08 – 11/22/2008)
			
) List	t Service from November 22, 1	996 to November 22, 2003 (11)	/22/1996 – 11/22/2003).
	Rank:	Total # of Shifts/Hrs: Dates	
		(Within specified Service Timeframe. If full-time, enter "FT". If part-time,	(From – To)
		include the word "Shifts" or "Hrs".)	
	(Example: Acting Lieutenant	35 Shifts	7/12/99 - 9/1/2001)
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			ty for the 25-Year Promotional
	ence. Please include service da		
CICI	ence. I lease metade set vice de	ites and number of sinits work	
rint l	Name of Appointing Authority		
		Title of Designee:	
Signature of Appointing Authority (or designee):			Date: